

E. on R.
ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 83

Registrar's No. _____

1. Place of Death: (a) County Gila (b) City or Town San Carlos (c) Location Residence
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community Life; in Arizona Life
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town San Carlos
(If outside city limits also write RURAL)

(d) Street No. _____; (e) Citizen of foreign country (yes or No) _____

3. (a) FULL NAME Donald Gene Norton (b) If Veteran Yes (c) Social Security No. _____
name war _____

4. Sex Male 5. Color or Race Apache 4/4 6. (a) Single, married, widowed or divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased 12 3 43
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 6 29 hrs. min.

9. Birthplace San Carlos Arizona
(City, town or county) (State or Country)

10. Usual Occupation None

11. Industry or Business _____

12. Name Henry Norton

13. Birthplace San Carlos Arizona
(City, town or county) (State or Country)

14. Maiden Name Virginia Thorne

15. Birthplace San Carlos Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature Henry Norton

(b) Address San Carlos, Arizona

17. (a) Burial Burial

(b) Place San Carlos (c) Date 7-3 1943

18. (a) Embalmer's Signature None

(b) Funeral Director Fred H. Jones

(c) Address Globe, Arizona

19. (a) 9-13-43
(Date received local Registrar)

(b) Joseph L. Sackler
(Registrar's Signature)

20M 100% Reg. 42 B. Co.

County File No. _____ Date Received _____

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 2, 1943;
TIME (Hour and minute) 12:00 Midnight M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Diarrhoea

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Joseph L. Sackler M. D.

Address San Carlos, Arizona Date signed 9-13-43

DURATION
1 Month

PHYSICIAN
Underline the cause to which death should be charged statistically

SAN CARLOS RESERVATION, SAN CARLOS AGENCY, SAN CARLOS, ARIZONA